



2013

Oh, The Places You'll GO

Travel Camp

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and recreation!



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blasts and program guides via
constant contact

Hampden Recreation Department
Mailing-106 Western Avenue
Physical-I Main Road South
Hampden, ME 04444

Phone: 207-991-4440

Fax: 207-862-5067

E-mail:

kidskorner@hampdenmaine.gov

Kamp Program Hours:

Monday through Friday, 7:30am-5:00pm

August 12-16, 2013

Where: Skehan Recreation Center

Travel Camp is open to children entering 1st-8th grade.

Fee:

\$150.00 (**SAD 22 Resident**) per week,

\$170.00 (**Non-resident**) per week,

(Full payment is due upon registration)

Maximum campers per week is 45!

Sign up early, camp will fill fast!

Monday: Morgan's Beach
Tuesday: Maine State Aquarium
Wednesday: Acadia Fun Park
Thursday: Sand Beach
Friday: Augusta Children's Museum

(All trips are subject to change)



2013 Oh, The Places You'll Go Travel Camp

Camper's Name: _____ Gender: M or F

Address: _____

Home Phone: _____ Cell Phone #: _____

Parent Name: _____ Work #: _____

Emergency Contact: _____ Phone #: _____

Grade Entering Fall: _____ Date of Birth: _____

E-mail Address: _____

Medical Information

Child's Physician: _____ Office Phone #: _____

Medical Issues: _____

Allergies: _____

☐ Resident (SAD #22) \$150.00

☐ Non-Resident \$170.00

Participation in this activity may involve risk of injury. As a parent, guardian or participant I am aware of these hazards and my ability to participate. In registering for participation in this program, I hereby waive and release all rights and claims against the Town of Hampden, its officers, employees, agents, volunteers and supervisors from all losses, injury, damages, fees and other expenses arising out of, or in connection with participation in the above registered activity. In addition, I give my consent for the Hampden Recreation Department and staff to act in my place in all respects should the need arise during the course of this activity or related travel. This shall include but not be limited to obtaining medical care.

My child has my permission to participate in all activities affiliated with Kid's Kamp including, but not limited to, school bus travel and walking trips to the playground and pool.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only Amount Paid: _____ Cash/Check #: _____ Date: _____